

**WARREN COUNTY EMPLOYEE ACKNOWLEDGEMENT
OF RECEIPT OF WARREN COUNTY
“WORKPLACE VIOLENCE PREVENTION PLAN AND PROGRAM”**

I hereby acknowledge receipt of a copy of the Warren County Workplace Violence Prevention Plan and Program and acknowledge that I have completed the 2021 Workplace Violence Prevention Training.

To be completed by employee:

Date: _____

(Signature)

(Print Name)

(Department/Office)